(Requestor's Name) (Address)					
(Address)	400337524824				
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)	12/82/1901685018 ** 25.80				
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
	2019 [-2				
	2				

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R. WHITE JAN 1 1 2020

COVER LETTER

	Registration Section Division of Corporations		
SUBJE		£1 imitsd	Liability Company
	name o	4 Linnea	Liaonity Company
Dear Sir	or Madam:		
The enc	losed Registered Agent/Registered Office	Change a	nd fee(s) are submitted for filing.
Please r	eturn all correspondence concerning this n	natter to th	ne following:
Ulrike	Wills		
	Name of Person		
	Firm/Company		
13779	Vancanza Drive		
	Address		
Venice	e, FL 34293		
	City/State and Zip Code		
ulieitel	@yahoo.com		
E-	mail address: (to be used for future annual	report no	tification)
For furt	her information concerning this matter, ple	ase call:	
Ulrike '	=	at (941-275-5154
	Name of Person		Area Code & Daytime Telephone Number
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301]]]	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
	Enclosed is a check for the following an	iount:	
	■ \$25 Filing Fee	0	S55 Filing Fee & Certified Copy

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116. Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

I. Na	me of the limited liability company: Gary Wills LL	.C					
2. (a)	13779 Vancanza Drive		(b)	13779	Vancanza Drive		
2. (4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(0)		Mailing address of limite	-	
	Venice, FL 34293			Venice,	FL 34293		
	08/26/2016		F		00160535	_	
3.	Date of filing/registration in Florida	- 4.	-		Document number		
5. (a)	Agents & Corporations Inc.						
5. (a)	Registered Agent and Registered Office shown on the records of	the Flori	da l	Dept. of Sta	 nte:		
	Agents & Corporations Inc.						
	Registered Office Address (MUST BE FLORIDA STREET) 300 5TH AVE S STE 101-330	ADDRE.	<u>SS)</u>		_		
	Naples	3401	2				
(b)	Ulrike Wills Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	l Office :	ıdd	ress:	_	2019 [2] -	-,
	Ulrike Wills					2	
	NEW Registered Office Address:				_	Å11 10: 49	
	13779 Vancanza Drive				_	64	
	Venice, Fi	3429	3		****		
the cha agent v was/we the arti Signa I here, provisi the obl to mero	imited liability company is not organized under the la ange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited lighter authorized by an affirmative vote of the members dicles of organization or the operating agreement of the ture of a member who accept the appointment as registered agent and age ions of all statutes relative to the proper and complete lightions of my position as registered agent as provided by reflect a change in the registered office address. It is in writing of this change.	f the regiability of the limited —	gist cor imi d li	ered office mpany, it ted liability co	is hereby confirmed ity company or as oth mpary Printed or typed name pacity. I further agree	ffice of that the consistency of signee	the registered change(s) provided in

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00

Signature of Registered Agent